

MARION CO. JAIL		3.01
MEDICAL SCREENING PROCEDURES		
BASIC JAIL SECURITY		RESTRICTED
EFFECTIVE DATE 04-01-08	INITIAL DATE 04-01-08	PAGE 1 OF 2

**POLICY:****PURPOSE:****PROCEDURES:**

**Marion County Jail  
Medical Screening Procedures**

1. If NO arrange for immediate transfer to hospital.
2. If Yes, call doctor now and describe symptoms.
3. If Yes, call doctor now.
4. If Yes, isolate from other inmates, monitor condition frequently and call doctor immediately if condition of inmate appears to get worse. Use paper plates, plastic utensils, dispose of immediately. Keep all bedding apart from other sterilize. In case of fever, administer aspirin, Tylenol or Motrin as ordered by doctor. Call doctor during next regular office hours.
5. If Yes, isolate if there is a rash or other unusual skin eruption. Follow instructions in question number 4. If vermin are present, isolate and instruct inmate in use of Kwela or other scabicide.
6. If Yes, transfer to detoxification unit at hospital or closely supervise the inmates condition.
7. If Yes, find out if possible what and how much the inmate has been taking and call doctor now.
8. If Yes, isolate, monitor closely, call doctor or mental health center now.
9. Monitor inmate.
10. If Yes, place medications in medication bin. Check to insure that medications in bottle



are actually what was prescribed, and try to check with the prescribing doctor whether medication is to be continued. If you cannot accomplish the preceding, check with medical staff for instructions before administering any medication.

11. If Yes, check with the doctor to get prescriptions, diet order, etc.
12. If Yes, notify food distributors and inform doctor.
13. If Yes, isolate and have testing done as soon as possible, followed by administering of appropriate prescribed medication.
14. If Yes, report to doctor during next regular visit, unless symptoms indicating need for immediate action
15. If Yes, note names of drugs and notify a doctor.
16. If Yes, report to doctor if there are any symptoms indicating need for immediate attention.
17. If Yes, check for any medications being taken and follow steps in question number.
18. If pregnant, report to doctor during next regular visit. If on birth control pills, follow sequence in question number 11.
19. If Yes, write down the problem and call the dentist.

**AUTHORITY SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

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**SEE FORMS ATTACHED**  
**-MEDICAL SCREENING FORM**  
**-DEPUTY- INMATE QUESTIONNAIRE**  
**-PRISONER MEDICAL CLEARANCE REPORT**